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Practitioner's Docket No. 700157-48012

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: David E. Fisher

Application No.: 09/229,283

Group No.: 1642

Filed: 1/13/1999

Examiner: UNGAR, Susan

For: USE OF MICROPTHALMIA FOR DIAGNOSIS, PROGNOSIS AND/OR  
TREATMENT OF MELANOMA

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**EXPEDITED  
RESPONSE UNDER  
37 C.F.R. 1.116**

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I hereby certify that the attached correspondence comprising:

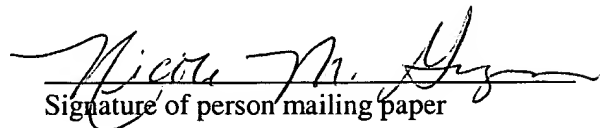
1. Transmittal (1 pg.);
2. Supplemental Amendment Pursuant to C.F.R. 1.116 in duplicate (4 pp.);
3. Executed Declaration of Dr. Fisher (6 pp.);
4. Petition for Two Month Extension of Time in duplicate (2 pp.);
5. Fee Transmittal (1 pg.); and
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on June 18, 2004.

Nicole M. Gignac

  
Signature of person mailing paper

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/229,283
Filing Date	January 13, 1999
First Named Inventor	David E. Fisher
Art Unit	1642
Examiner Name	S. Ungar
Attorney Docket Number	700157-048012

Total Number of Pages in This Submission

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Supplemental Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Certificate of Mailing and Return Receipt
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	The Commissioner is authorized to charge the NIXON PEABODY LLP Deposit Account No. 50-0850 for deficiencies associated with this filing.	

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Ronald I. Eisenstein (Reg. No. 30,628)
Signature	NIXON PEABODY LLP, 100 Summer Street, Boston, MA 02110
Date	June 18, 2004

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Typed or printed name	Nicole M. Gignac		
Signature	<i>Nicole M. Gignac</i>	Date	June 18, 2004

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